

# TOWN OF LYONS

6339 Hospital Rd, PO Box 148, Lyons, WI 53148

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<b>APPLICATION FOR DOG LICENSE</b> (attach Certificate of Rabies Vaccination Form from Veterinarian)		Make checks payable to: Town of Lyons PO Box 148 Lyons, WI 53148	
<b>Owner Information</b>			
		Date:	
Owner's Name			
Owner's Address		City	
<b>Dog Information</b>			
Name of Dog		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Neutered/Spayed
Breed		Age	
Color		Marking	
<b>Veterinarian Information</b>			
Veterinarian			
Vet Clinic Name			
Vet Clinic Address			
Date Rabies Vaccination Expires			
Vaccine Manufacturer		Serial #	

Office Use Only:      Date Rec'd \_\_\_\_\_

Cash     Check # \_\_\_\_\_     Money Order # \_\_\_\_\_

Tag # Issued \_\_\_\_\_